

# CSD Energy Contracts

**Low-Income Home Energy  
Assistance Program (LIHEAP)**

**Department of Energy  
Weatherization (DOE)**



# Distribution of Energy Contracts- LIHEAP

- **December 22, 2003**
  - 2004 Low-Income Home Energy Assistance Program (LIHEAP) Contract Packet
  - 2004 LIHEAP Start-Up Package
- **March 3, 2004**
  - Amendment 1
    - Balance of the 2004 Federal LIHEAP Allocation
    - LIHEAP carryover funds not previously allocated
    - LIHEAP Emergency Contingency Funds (\$1.8 million)
    - Leveraging Administrative funds

# Distribution of Energy Contracts- DOE

- **April 1, 2004**
  - **2004 Department of Energy Weatherization Assistance Program (DOE-WAP) Contract Packet**

# 2003 Program Year -

Total Allocation: \$86,742,558 - Households Served: **226,537**

## **-LIHEAP-**

Home Energy Assistance Program-  
Wood Propane OIL  
(HEAP-WPO) - 3,695

Electric and Gas (HEAP) – 144,683

Energy Assistance Intervention Program-  
Wood Propane OIL  
(ECIP-WPO) – 4,806

Furnace Repair and Replacement  
(ECIP-FRR) - 5,589

Electric and Gas (Fast track) – 48,521



## Weatherization Program -.

Households Served: 19,243

**COMBINED –  
LIHEAP and DOE**

2004

## Contractual Changes:



- ☐ **LIHEAP and DOE Contract**
  - ☐ **Apply to both contracts**
  - ☐ **Apply specifically to DOE**
  - ☐ **Apply specifically to LIHEAP**
  
- ☐ **Budgets and Reporting Forms**

# LIHEAP and DOE

## Contract Term Periods

- **LIHEAP**
  - **January 1, 2004 – December 31, 2004**
    - Data is collected on a bimonthly basis and are due by the 15<sup>th</sup> of the month following the end of the reporting period.

Report Period	Due Date
January-February 2004	March 15, 2004
March-April 2004	May 15, 2004
May-June 2004	July 15, 2004
July-August 2004	September 15, 2004
September-October 2004	November 15, 2004
November-December 2004	January 15, 2005

# LIHEAP and DOE

## Continued-

- **DOE**
  - **April 1, 2004 – January 31, 2005**
    - **Data is collected on a monthly basis and are due by the 15<sup>th</sup> following the end of the reporting period.**

Report Period	Due Date
April 2004	May 15, 2004
May 2004	June 15, 2004
June 2004	July 15, 2004
July 2004	August 15, 2004
August 2004	Sept 15, 2004
September 2004	October 15, 2004
October 2004	November 15, 2004
November 2004	December 15, 2004
December 2004	January 15, 2005
January 2005	February 15, 2005

LIHEAP and DOE

*New-* Maximum Average Reimbursement

**Per each Dwelling Weatherized  
\$2,672**

**State of Emergency Declared by the Governor  
\$3,073**



LIHEAP and DOE

*New-* Internal Control Certifications

## Internal Control Certification

System of internal accounting and administrative control includes:

- **D**ocumenting the system
- **C**ommunicating system requirements to employees
- **A**ssuring that the system is functioning as prescribed

## Internal Control Certification

System of internal accounting and administrative control includes:

- **S**egregation of duties appropriate to safeguard state assets.
- **L**imited access to agency assets to authorized personnel who require these assets in the performance of their duties.
- **A**uthorization and record keeping procedures are adequate to provide effective accounting controls over assets, liabilities, revenues, and expenditures.
- **E**stablished practices are followed in the performance of duties and functions.
- **P**ersonnel of a quality commensurate with responsibilities
- **E**ffective internal reviews

# LIHEAP and DOE

## *NEW*- Agency Name Change

- **Amendment is required.**
  - **Reimbursement approved  
once name change is approved.**

# LIHEAP and DOE

## *NEW*- Travel and Per Diem

- Travel and Per Diem
  - Language deleted
    - » Budget line items: In-state, out-of-state and per diem costs
    - » Prior written authorization- not required
    - » Administrative-related travel:  
Contractor's policies and procedures

# LIHEAP and DOE

## Drug Free Workplace Requirement

- **LIHEAP**

- **Eliminates the Drug Free Workplace Requirement – STD 21**
- **Every three years**

**LIHEAP; *New-***

- **Remains in effect for the life of the agreement.**

- **DOE; *No Change - Currently in effect.***

# LIHEAP and DOE Outreach Costs

- LIHEAP;

- Allocated “at” Five percent (5%) of the ECIP, HEAP and Weatherization allocations.

- » Reimbursement is “at actual cost at up to” five percent (5%) and,

- » *New - Not subject to reimbursement* based on total cumulative allowable program expenditure.

- » *New- Priority Plans*



- DOE; Program Activity - *No Change*

# LIHEAP and DOE

## Intake Costs

- LIHEAP; *New- Dedicated Allocation*
  - Allocated “at” two percent (2%) of the Total LIHEAP Allocation.
    - » Reimbursement is “at actual cost at up to” two percent (2%)
    - » New - Not subject to reimbursement based on total cumulative allowable program expenditure.
    - » Intake in excess of the two percent (2%) may be charged to Administrative Costs.
- DOE; *No Change*

# LIHEAP and DOE Training Costs

- **LIHEAP; *New- Dedicated Allocation - Applies to Weatherization Only***
  - **Allocated “at” two percent (2%) of the Total Weatherization Allocation.**
    - » **Reimbursement is “at actual cost at up to” two percent (2%)**
    - » **Not subject to reimbursement based on total cumulative allowable program expenditure.**
    - » **Contractor shall comply to Weatherization Training Requirements**
- **DOE; Training and Technical Assistance - *No Change***



# LIHEAP and DOE Assurances

- **LIHEAP; Assurance 16**
  - **Allocated “at” five percent (5%) of the Total LIHEAP Allocation.**
    - » **Reimbursement is “at actual cost at up to” five percent (5%)**
    - » **Reimbursement based on total cumulative allowable program expenditure.**
    - » ***New; Priority Plans***
- **DOE; Program Activity - Client Education - *No Change***

# LIHEAP and DOE

## Guidelines for Weatherization Activities

- **Weatherization Guidelines for Weatherization Activities**
  - **Consistency with Department of Energy (DOE)**
    - » **Re-organized, Titles expanded, some Weatherization measures renamed, and additional footnotes added**

# LIHEAP Specific- Weatherization Training and Its related Costs

- LIHEAP; **New-** Definition;
  - Weatherization Training and Its related Costs
    - » Weatherization Crewmembers
      - \* Lead Safe
      - \* Combustion Appliance Safety (CAS) Procedures
    - » Describes various types of costs
- DOE; Training and Technical Assistance - **No Change**

# DOE Specific- Disaster Relief Plan



- **Emergency Services**

- **Directly effected by a disaster as determined by a Presidential or Gubernatorial Order declaring either a;**

- » **Federal or State Emergency**

# LIHEAP and DOE

## Summary of the Budgets and the Differences

### **LIHEAP Weatherization,**

#### **CSD 557D**



**Administrative Costs- 8%**

**Intake Costs- 2%**

**Outreach Costs- 5%**

**Training Costs- 2%**

### **LIHEAP Assurance**



#### **16/Intake/ECIP/HEAP**

#### **CSD 537E**

**Assurance 16 – 5%**

**Intake Costs- 2 % (Excluding  
WX)**

**Outreach – 5% for ECIP**

**Outreach – 5% for HEAP**

### **DOE Weatherization,**

#### **CSD 570**

**Administrative Costs- 5%**

### **Program Costs and**

#### **Other Program Costs**

**Subject to earned reimbursement**

**Health and Safety – Is not to  
exceed 25% of the Total  
Program Costs**



# 2004 LIHEAP Budget Revisions

## **2004 LIHEAP WEATHERIZATION BUDGET- CSD 557D (Rev. 10/03) (Exhibit B - Attachment II)**

- Administrative Costs - Consolidated into one line item. Modified instructions to include allowable Administrative Costs.
- Intake - Moved from Administrative Costs into Program Costs and is a separate line item. (Up to 2% of Weatherization allocation).
- Program Costs - Consolidated into one line item. Modified instructions to include allowable Program Costs.
- Other Program Costs - Added as a separate line item to include Outreach and Training. (Training not to exceed 2% of Section 5 Total Budget).

## 2004 LIHEAP Budget Revisions (Continued)

### **2004 LIHEAP ASSURANCE 16/INTAKE/ECIP/HEAP BUDGET - CSD 537E (Rev. 10/03) (Exhibit B Attachment III)**

- Renamed report to include Intake.
- Assurance 16 Program Costs - Removed separate line item budget for California Public Utilities Commission (CPUC) Low-Income Oversight Board travel.
- Intake - Moved from Administrative Costs into Program Costs and is a separate line item. (Up to 2% of LIHEAP Allocation, excluding Weatherization Intake).
- Administrative Costs - Consolidated into one line item. Modified instructions to include allowable Administrative Costs.

# 2004 DOE Budget Revisions



## **2004 DOE WEATHERIZATION BUDGET- CSD 570 (Rev. 01/04) (EXHIBIT B - ATTACHMENT I)**

- Administrative Costs - Consolidated into one line item. (Not to exceed 5% of new funding).
- Program Costs - Section has been changed to “Other Program Costs”.
- Maximum Average Cost Per Unit - Increased to \$2,672. Modified average cost per unit calculations and form instructions.

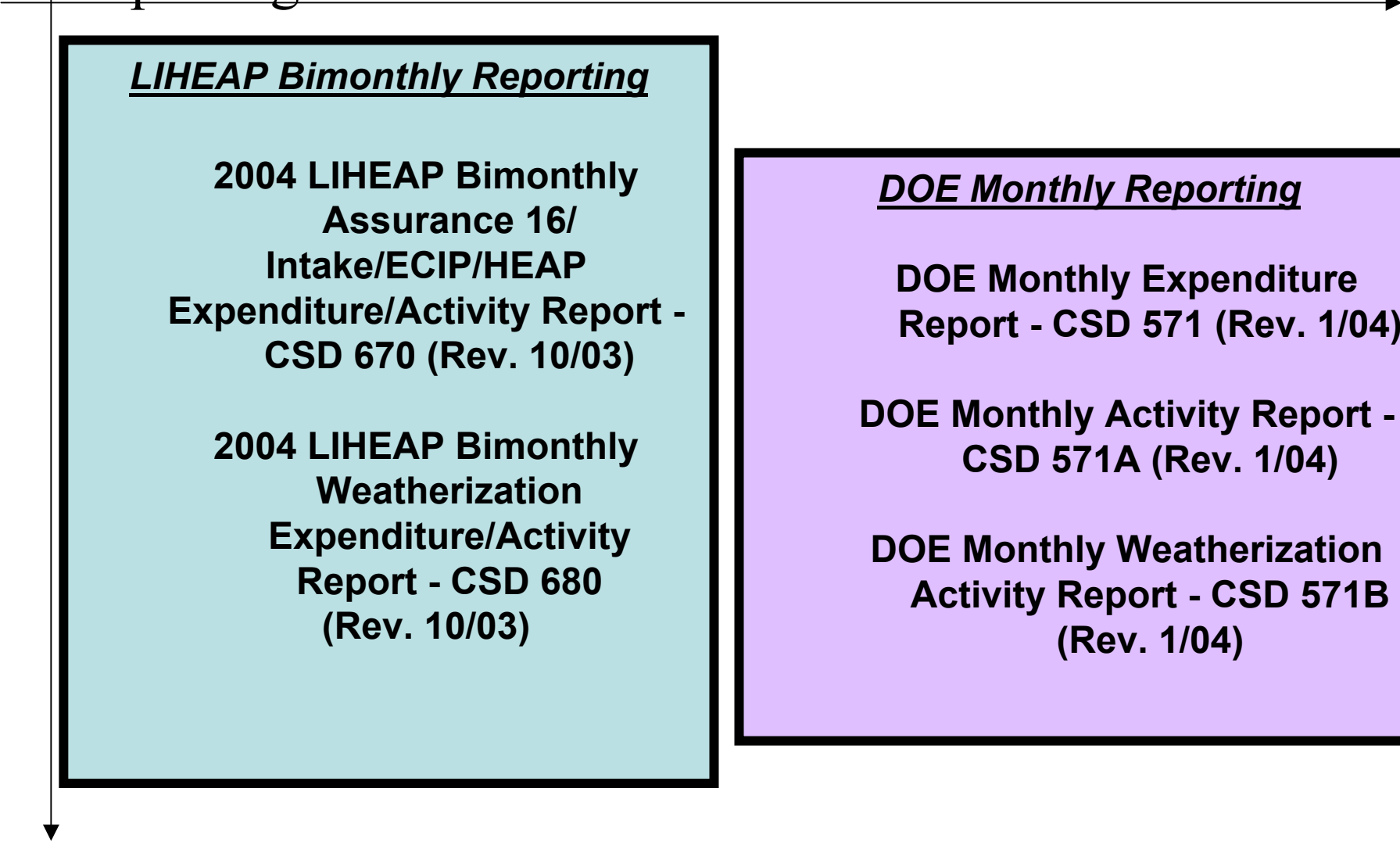


# 2004 LIHEAP Priority Plan Revisions

## **ECIP, HEAP, WEATHERIZATION, ASSURANCE 16, AND OUTREACH PRIORITY PLANS - CSD 522G (Rev. 10/03) - (EXHIBIT H)**

- Assurance 16 Priority Plan Narrative - A section has been added for a description of Assurance 16 activities (needs assessment, client education, counseling, and coordination with utility companies).
- Outreach - A section has been added for a description of Outreach activities (outreach materials, advertising, printing, outreach mailers, travel to outreach sites and related facilities, site costs, and referrals, etc.).

# 2004 LIHEAP and 2004 DOE Reporting Forms



## **LIHEAP Bimonthly Reporting**

**2004 LIHEAP Bimonthly  
Assurance 16/  
Intake/ECIP/HEAP  
Expenditure/Activity Report -  
CSD 670 (Rev. 10/03)**

**2004 LIHEAP Bimonthly  
Weatherization  
Expenditure/Activity  
Report - CSD 680  
(Rev. 10/03)**

## **DOE Monthly Reporting**

**DOE Monthly Expenditure  
Report - CSD 571 (Rev. 1/04)**

**DOE Monthly Activity Report -  
CSD 571A (Rev. 1/04)**

**DOE Monthly Weatherization  
Activity Report - CSD 571B  
(Rev. 1/04)**

# 2004 DOE Reporting Forms- Continued



## **Annual Reporting Forms**

**2004 DOE Annual Leveraging Report –  
CSD 523 (Rev. 1/04)**

**2004 DOE Annual Training and Technical  
Assistance Report –  
CSD 524 (Rev. 1/04)**

# 2004 LIHEAP Reporting Forms

## **2004 LIHEAP BIMONTHLY WEATHERIZATION EXPENDITURE/ ACTIVITY REPORT - CSD 680 (Rev. 10/03) - Page 1**

- Administrative Costs - Consolidated into one line item to mirror budget. Added separate section under Administrative Costs “Intake - For Informational Use Only” and Footnote - Enter additional Intake costs charged to Administrative costs.
- Intake - Moved to Intake Program Costs to mirror budget. Added Footnote - Intake in excess of 2% may be charged to Administrative costs. Total must match line 78 on Page 4 of this report.
- Program Costs - Consolidated into one line item to mirror budget.



# 2004 LIHEAP Reporting Forms (Continued)

## **2004 LIHEAP BIMONTHLY WEATHERIZATION EXPENDITURE/ ACTIVITY REPORT - CSD 680 (Rev. 10/03) - Page 1 (Continued)**

- Other Program Costs - Added Section for Outreach and Training and Footnotes - Outreach expenditures must match line 79 of this report. Training expenditures must match line 80 of this report.

## 2004 LIHEAP Reporting Forms (Continued)

### **2004 LIHEAP BIMONTHLY WEATHERIZATION EXPENDITURE/ ACTIVITY REPORT - CSD 680 (Rev. 10/03) - Pages 3 and 4**

- All weatherization measures have been categorized by type, and are in priority order.
- Added Intake, Outreach, and Training line items 78, 79, and 80.
- Added Grand Total for Measure Credit Values, Intake, Outreach, and Training Costs line item 81.
- Removed household total for installed material costs line item 82.

# 2004 LIHEAP Reporting Forms

## **2004 LIHEAP ASSURANCE 16/INTAKE/ECIP/HEAP EXPENDITURE/ACTIVITY - CSD 670 (Rev. 10/03) - Page 1**

- Removed CPUC-LIOB line item to mirror budget.
- Intake - Moved to Intake Program Costs (For HEAP and ECIP) to mirror budget. Added Footnote - Intake in excess of 2% may be charged to Administrative Costs.
- Administrative Costs (For Assurance 16, ECIP, and HEAP) - Consolidated into one line item to mirror budget. Added separate section under Administrative Costs “Intake - For Informational Use Only” and Footnote - Enter actual additional Intake costs charged to Administrative Costs.



# 2004 LIHEAP Reporting Forms (Continued)

## **2004 LIHEAP ASSURANCE 16/INTAKE/ECIP/HEAP EXPENDITURE/ACTIVITY - CSD 670 (Rev. 10/03) - Page 2**

- Grand Total - Added grand total line for all Assurance 16/Intake/ECIP/HEAP costs.
- Advance Repayment Section - Removed one Advance Repayment Box.



# 2004 DOE Reporting Forms

**DOE Monthly Expenditure Report - CSD 571 (Rev. 1/04)**  
**DOE Monthly Activity Report - CSD 571A (Rev. 1/04)**  
**DOE Monthly Weatherization Activity Report - CSD 571B**  
**(Rev. 1/04)**

- Administrative Costs - Consolidated into one line item (Page 1).
- Program Costs - Section has been changed to “Other Program Costs” (Page 1).
- Section C - Added Units By Primary Heating Fuel (Page 2).
- Section G - Added Total Number of People Assisted (Count each person only once) (Page 2).



## 2004 DOE Reporting Forms (Continued)



**DOE Monthly Expenditure Report - CSD 571 (Rev. 1/04)**  
**DOE Monthly Activity Report - CSD 571A (Rev. 1/04)**  
**DOE Monthly Weatherization Activity Report - CSD 571B**  
**(Rev. 1/04)**

- Weatherization Activities - Reformatted by type to mirror LIHEAP (Page 3).
- Allowable Measures as per Energy Audit - Added Refrigerator Replacement (Less than 10 Years Old) (Page 3).

## DOE Reporting Forms (Continued)



**2004 DOE Annual Leveraging Report - CSD 523 (Rev. 1/04)**  
**2004 DOE Annual Training and Technical Assistance  
Report - CSD 524 (Rev. 1/04)**

- Changed reporting timeline from Semi-Annual to Annual.
- Removed Success Story Report.

# LIHEAP and DOE Data Collection: Federal Reporting



- **LIHEAP Annual Grantee Survey Report – January**
- **LIHEAP Weatherization Waiver - April**
- **LIHEAP Estimated Household Report – August**
- **LIHEAP Annual State Plan – September**
- **LIHEAP Final Household Report – December**
- **DOE Program Report - Quarterly**
- **DOE Financial Status Report - Quarterly**
- **DOE Federal Cash Transactions Report - Quarterly**
- **DOE Training, Technical Assistance, Monitoring and Leveraging Report - Quarterly**
- **DOE Annual State Plan – February**
- **Surveys – e.g., Legislature, NEADA – Year round**

# LIHEAP and DOE Automated 2004 Reporting Forms

- ▶ Visit the CSD WEBSITE Address:
  - ▶ <http://www.csd.ca.gov>
- ▶ Contractor Only
  - ▶ ID: agencies
  - ▶ Password: csd2004



LIHEAP and DOE

Where to Get More Information...



▶ **CSD WEBSITE Address:**

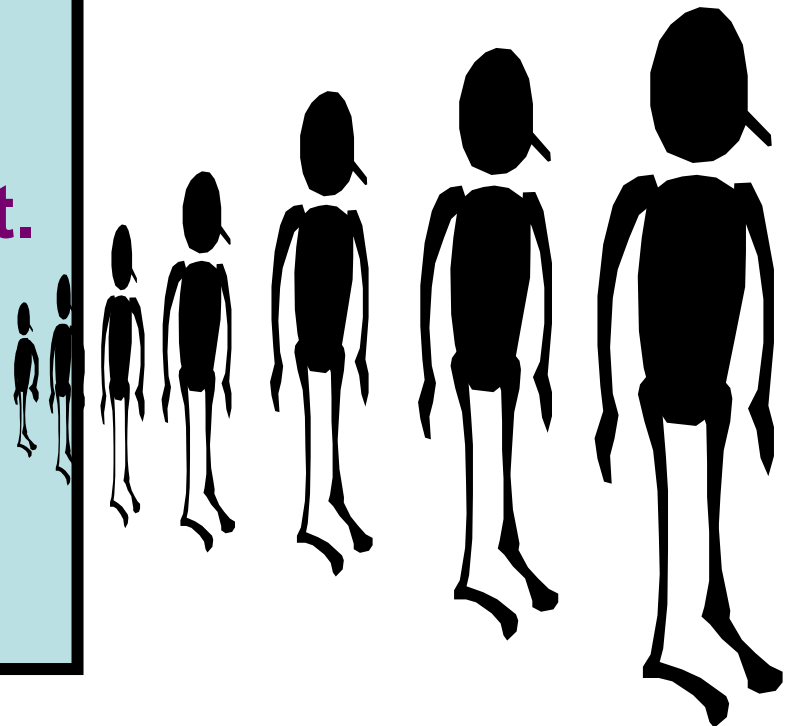
▶ **[www.csd.ca.gov](http://www.csd.ca.gov)**

▶ **Field Operations Representative**

# A Parting Thought.....



► **Good - Better - Best;  
Never let it rest till..  
Good is Better;  
And Your Better is Best.**



# Thank You



## Low-Income Home Energy Assistance Program (LIHEAP)

## Department of Energy Weatherization (DOE)





**2004 LIHEAP BIMONTHLY ASSURANCE 16/INTAKE/ECIP/HEAP EXPENDITURE/ACTIVITY REPORT**

Contractor:	Contract Number:	Advance Request:	Report Period:	Adjustment* <input type="checkbox"/>
Prepared By (Print Name/Title):	E-Mail Address:	Telephone Number:	Fax Number:	

**SECTION 1 - ASSURANCE 16 ACTIVITY PROGRAM COSTS**

1.a	Assurance 16 Activities	\$
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**SECTION 2 - INTAKE PROGRAM COSTS (FOR HEAP AND ECIP)**

2.a	Intake (eligibility determination)**	\$
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**SECTION 3 - ADMINISTRATIVE COSTS (FOR ASSURANCE 16, ECIP, AND HEAP)**

3.a	Administrative Costs	\$
	Intake - For informational use only***	\$

**SECTION 4 - ECIP PROGRAM COSTS AND HOUSEHOLDS (Excludes Fast Track)**

4.a	Outreach	\$
4.b	Wood/Propane/Oil Payments	
4.c	Furnace Repair Material Costs Max./Household up to \$1,000 plus labor	
4.d	Furnace Replacement Material Costs Max./Household up to \$2,750 plus labor	
4.e	Other****	
4.f	<b>Total Section 4 (Lines 4.a through 4.e)</b>	\$
4.g	Wood/Propane/Oil Households	#
4.h	Furnace Repairs Households	#
4.i	Furnace Replacement Households	#
4.j	Other****	#
4.k	<b>Total Section 4 (Lines 4.g through 4.j)*****</b>	#

**NUMBER OF HOUSEHOLDS ASSISTED WITH AT LEAST ONE MEMBER WHO IS  
(Households may be counted in more than one category, but not for the same vulnerable population.)**

1.	Elderly (60 Years or Older)	#
2.	Disabled	#
3.	Age 5 Years or Under (This is NOT a total of items 4. and 5. below)	#
4.	Age 2 Years and Under	#
5.	Age 3 Years Through 5 Years	#

**YTD AVERAGE HOUSEHOLD ENERGY BURDEN**

1.	From the intake applications, calculate the year-to-date Energy Burden for WPO and FRR	%
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**NUMBER OF HOUSEHOLDS ASSISTED BY ENERGY BURDEN  
(Unduplicated - Include all households served both vulnerable population and non-vulnerable population.)**

1.	Range: From 0% to 5.0%	#
2.	Range: From 5.1% to 10%	#
3.	Range: From 10.1% to 15%	#
4.	Range: From 15.1% to 20%	#
5.	Range: From 20.1% to 25%	#
6.	Range: From 25.1% and higher	#
7.	<b>Total Households by Energy Burden*****</b>	#

**NUMBER OF HHs ASSISTED WITH GROSS MONTHLY INCOMES  
(Transfer totals from the HHs Tally Sheet by Poverty Levels)**

1.	Under 75%	#
2.	75% - 100%	#
3.	101% - 125%	#
4.	126% - 150%	#
5.	Over 150%	#
6.	<b>Total Households with Gross Monthly Incomes*****</b>	#

**2004 LIHEAP BIMONTHLY ASSURANCE 16/INTAKE/ECIP/HEAP EXPENDITURE/ACTIVITY REPORT**

Contractor:		Contract Number:	Report Period:	Adjustment* <input type="checkbox"/>
Prepared By (Print Name/Title):		E-Mail Address:	Telephone Number:	Fax Number:

<b>SECTION 5 - HEAP OUTREACH/WPO ACTIVITY COSTS AND HOUSEHOLDS (Excludes HEAP Electric and Gas Households)</b>				
5.a	Outreach		\$	
5.b	Wood/Propane/Oil Payments			
5.c	<b>Total Section 5 (Lines 5.a through 5.b)</b>		\$	
5.d	Wood/Propane/Oil Households*****		#	
5.e	Number of HEAP WPO Households with at least one Vulnerable Population Client per Dwelling		#	
5.f	Percent of Vulnerable Population HHs Assisted with HEAP WPO: Divide Box 5.e by Box 5.d (# of HH's)			%
<b>NUMBER OF HOUSEHOLDS ASSISTED WITH AT LEAST ONE MEMBER WHO IS (Households may be counted in more than one category, but not for same vulnerable population.)</b>				
1.	Elderly (60 Years or Older)		#	
2.	Disabled		#	
3.	Age 5 Years or Under (This is NOT a total of items 4. and 5. below)		#	
4.	Age 2 Years and Under		#	
5.	Age 3 Years Through 5 Years		#	
<b>YTD AVERAGE HOUSEHOLD ENERGY BURDEN</b>				
1	From the intake applications, calculate the year-to-date Energy Burden for WPO.			%
<b>NUMBER OF HOUSEHOLDS ASSISTED BY ENERGY BURDEN (Unduplicated - Include all households served, both vulnerable population and non-vulnerable population.)</b>				
1.	Range: From 0% to 5.0%		#	
2.	Range: From 5.1% to 10%		#	
3.	Range: From 10.1% to 15%		#	
4.	Range: From 15.1% to 20%		#	
5.	Range: From 20.1% to 25%		#	
6.	Range: From 25.1% and higher		#	
7.	<b>Total Households by Energy Burden*****</b>		#	
<b>NUMBER OF HOUSEHOLDS ASSISTED WITH GROSS MONTHLY INCOMES (Transfer totals from the Households Tally Sheet by Poverty Levels)</b>				
1.	Under 75%		#	
2.	75% - 100%		#	
3.	101% - 125%		#	
4.	126% - 150%		#	
5.	Over 150%		#	
6.	<b>Total Households with Gross Monthly Incomes*****</b>		#	
<b>GRAND TOTAL</b>			\$	
<b>CONTRACTOR'S CERTIFICATION</b>				
The authorized signature below certifies that this report is a true and accurate presentation of actual Expenditures and Activities made during the reporting period, and that these Expenditures and Activities were made in accordance with the purpose and conditions of the contract referenced above.				
Authorized Person (Print Name/Title):		Signature: ▶	Date:	Advance Repayment:
<b>CSD ACCOUNTING USE ONLY</b>				
Payment:		PCA#	Approved By:	Date:

- \* Enter the reporting period being adjusted. Insert only increases or decreases on each line item being revised, using + or - sign.
- \*\* Intake costs in excess of 2% may be charged to Administrative costs.
- \*\*\* Enter actual additional Intake costs charged to Administrative costs.
- \*\*\*\* Used only for households receiving emergency assistance.
- \*\*\*\*\* These totals must match.

## 2004 LIHEAP BIMONTHLY WEATHERIZATION EXPENDITURE/ACTIVITY REPORT

Contractor:	Contract Number:	Report Period:	Advance Request:	Adjustment* <div style="text-align: center;"><input type="checkbox"/></div>
Prepared By (Print Name/Title):		E-mail Address:	Telephone Number:	Fax Number:

### SECTION 1 - ADMINISTRATIVE COSTS

Report Period Expenditures

1.a	Administrative Costs	\$
	Intake - For informational use only** \$	

### SECTION 2 - INTAKE PROGRAM COSTS

2.a	Intake (eligibility determination) <sup>1</sup>	\$
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### SECTION 3 - PROGRAM COSTS

3.a	Program Costs	\$
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### SECTION 4 - OTHER PROGRAM COSTS

4.a	Outreach <sup>2</sup>	\$
4.b	Training <sup>3</sup>	\$
4.c	Other Program Costs Total	\$
<b>Total Report Period Expenditures:</b>		\$

### *CONTRACTOR'S CERTIFICATION*

The authorized signature below certifies that this report is a true and accurate presentation of actual Expenditures and Activities made during the reporting period, and that these Expenditures and Activities were made in accordance with the purpose and conditions of the contract referenced above.

Authorized Person (Print Name/Title):	Signature: <div style="text-align: center;">▶</div>	Date:	Advance Repayment:
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### CSD ACCOUNTING USE ONLY

Payment:	PCA#
Approved By:	Date:

\* Enter the reporting period being adjusted. Insert only increases or decreases on each line item being revised using + or - sign.  
 \*\* Enter actual additional Intake costs charged to Administrative costs.  
<sup>1</sup> Intake costs in excess of 2% may be charged to Administrative costs. Total must match line 78 on page 4 of this report.  
<sup>2</sup> Total must match Line 79 on page 4 of this report.  
<sup>3</sup> Total must match Line 80 on page 4 of this report.

## 2004 LIHEAP BIMONTHLY WEATHERIZATION EXPENDITURE/ACTIVITY REPORT

Contractor:			Contract Number:		Report Period:		Adjustment* <div style="text-align: center;">□</div>		
Prepared By (Print Name/Title):				E-mail Address:		Telephone Number:		Fax Number:	

TYPES OF DWELLINGS WEATHERIZED		NO. OF UNITS	NUMBER OF HOUSEHOLDS ASSISTED BY ENERGY BURDEN (Unduplicated--include all households served, both vulnerable population and non-vulnerable population)		
a.	Single Family - Owner	#			
b.	Single Family - Rental	#	Range: From 0% to 5.0%	#	
c.	Multi: Duplex, Triplex, Owner	#	Range: From 5.1% to 10%	#	
d.	Multi: Duplex, Triplex, Rental	#	Range: From 10.1% to 15%	#	
e.	Multi: Apartment - Owner	#	Range: From 15.1% to 20%	#	
f.	Multi: Apartment - Rental	#	Range: From 20.1% to 25%	#	
g.	Mobile Home - Owner	#	Range: From 25.1% and higher	#	
h.	Mobile Home - Rental	#	<b>Total Households by Energy Burden**</b>		
i.	Unoccupied Dwellings	#			
<b>j. Total Units Weatherized**</b>			<b>NUMBER OF HOUSEHOLDS ASSISTED WITH GROSS MONTHLY INCOMES</b> (Transfer totals from the Household Tally Sheet by Poverty Levels)		
A.	Number of Combustion Appliance Safety (CAS) Checks:	#	Under 75%	#	
B.	Number of All Electric Units:	#	75% - 100%	#	
C.	Number of LIHEAP/DOE Combination Units where CAS Checks were invoiced to DOE:	#	101% - 125%	#	
			126% - 150%	#	
D.	Number of Dwellings Weatherized with at least One Vulnerable Population Client per Household:	#	Over 150%	#	
			<b>Total Households with Gross Monthly Incomes**</b>		#
E.	Percent of Households Weatherized with Vulnerable Population: Divide Box D. by Box j. Total Units Weatherized (# of HH's)	%	<b>PROGRAM LEVERAGING</b>		
<b>NUMBER OF HOUSEHOLDS ASSISTED WITH AT LEAST ONE MEMBER WHO IS:</b> (Household may be counted in more than one category, but not for same vulnerable population.)			LIHEAP Only Units		#
			Combination Units (Receiving Leveraging Through Other CSD Weatherization Programs)		#
			<b>Total Units Weatherized**</b>		#
1.	Elderly (60 Years or Older)	#	<b>LEAD-SAFE WEATHERIZED UNITS</b>		
2.	Disabled	#			
3.	Age 5 Years or Under (This is NOT a total of items 4. and 5.)	#	Units Built Before 1979 (Include HUD Units)		#
4.	Age 2 Years or Under	#	<b>HOUSING AND URBAN DEVELOPMENT (HUD) UNITS</b>		
5.	Age 3 Years Through 5 Years	#			
<b>AVERAGE HOUSEHOLD ENERGY BURDEN</b>			HUD Units Weatherized		#
YTD: Average Household Energy Burden		%	HUD Units Built Before 1979		#
From the Intake applications, enter the cumulative year-to-date (YTD) average energy burden percentage (%) of households assisted. <b>(Applicable to the current program year.)</b>			HUD Units Requiring Certified Lead-Safe Inspections After Weatherization		#

\* Enter the reporting period being adjusted. Insert only increases or decreases on each line item being revised using + or - sign.

\*\* These total should match.

## 2004 LIHEAP BIMONTHLY WEATHERIZATION EXPENDITURE/ACTIVITY REPORT

Contractor:		Contract Number:	Report Period:		Adjustment* <input type="checkbox"/>
Prepared By (Print Name/Title):		E-mail Address:	Telephone Number:		Fax Number:

	ASSESSMENTS	DWELLINGS	UNIT OF MEASURE	RATE	REPORT PERIOD EXPENDITURE
1.	Blower Door Test			X      71.00	
2.	Combustion Appliance Safety Pre-Test			X      53.00	
3.	Combustion Appliance Safety Post-Test			X      41.00	
4.	Duct Leakage Pre-Test			X      41.00	
5.	Duct Leakage Post-Test			X      30.00	
6.	Non-Blower Door Assessment (With Attic)			X      60.00	
7.	Non-Blower Door Assessment (Without Attic)			X      41.00	
8.	Contractor Post Weatherization Inspection (Max. \$90.00)		L	X      45.00	
9.	<b>ASSESSMENTS SUBTOTAL</b>				
<b>MANDATORY HEALTH + SAFETY MEASURES</b>					
10.	Gas Range Repair/Replacement (Max. \$2,338.00 Per Dwelling)		L	+M	
11.	Gas Water Heater Repair/Replacement (Max. \$877.00 Per Dwelling)		L	+M	
12.	Heating Source Repair (Max. \$1,183.00 Per Dwelling)		L	+M	
13.	Vented Heating Source Replacement (Max. \$3,740.00 Per Dwelling Including all Other Installed Measures)		L	+M	
14.	Wood Fueled Space Heater (Max. \$1,893.00 Per Dwelling)		L	+M	
15.	Carbon Monoxide Alarm (Max. \$188.00 Per Dwelling)		L	+M	
16.	<b>HEALTH + SAFETY MEASURES SUBTOTAL</b>				
<b>MANDATORY INSULATION MEASURES</b>					
17.	Attic Ventilation, Per Dwelling (Max. \$355.00)		L	+M	
18.	Ceiling Insulation (Per Sq. Foot)      -    R11		SF	X      0.40	
19.	Ceiling Insulation (Per Sq. Foot)      -    R19		SF	X      0.53	
20.	Ceiling Insulation (Per Sq. Foot)      -    R30		SF	X      0.60	
21.	Ceiling Insulation (Per Sq. Foot)      -    R38		SF	X      0.70	
22.	Duct Insulation (Per Linear Foot)		LF	X      3.10	
23.	Kneewall Insulation (Per Sq. Foot)      -    R11		SF	X      0.53	
24.	Kneewall Insulation (Per Sq. Foot)      -    R19		SF	X      0.60	
25.	<b>INSULATION MEASURES SUBTOTAL</b>				
<b>MANDATORY INFILTRATION REDUCTION MEASURES</b>					
26.	Caulking (Max. \$77.00 Per Dwelling)		L	+M	
27.	Cover Plate Gasket (Per Dwelling)			X      33.00	
28.	Duct and Register Repair/Replacement (Max. \$1,223.00 Per Dwelling)		L	+M	
29.	Glass Replacement (Max. \$888.00 Per Dwelling)		L	+M	
30.	Minor Envelope Repair (Max. \$887.00 Per Dwelling)		L	+M	
31.	Weatherstripping, Hinged Exterior Door (Per Door)			X      39.00	
32.	Weatherstripping, Other (Per Linear Foot)		LF	X      2.10	
33.	<b>INFILTRATION REDUCTION MEASURES SUBTOTAL</b>				
<b>MANDATORY GENERAL HEAT WASTE MEASURES</b>					
34.	Evaporative Cooler/Air Conditioner Vent Cover, Interior (Per Cover)			X      66.00	
35.	Hot Water Flow Restrictor, Faucet Restrictor (Per Device)			X      8.00	
36.	Hot Water Flow Restrictor, Low Flow Showerhead (Per Device)			X      27.00	
37.	Water Heater Blanket (Per Blanket)			X      33.00	
38.	Water Heater Pipe Wrap (Per Linear Foot)		LF	X      2.10	
39.	<b>GENERAL HEAT WASTE MEASURES SUBTOTAL</b>				

## 2004 LIHEAP BIMONTHLY WEATHERIZATION EXPENDITURE/ACTIVITY REPORT

Contractor:		Contract Number:		Report Period:		Adjustment* <input type="checkbox"/>	
Prepared By (Print Name/Title):		E-mail Address:		Telephone Number:		Fax Number:	

MANDATORY ELECTRIC BASE LOAD MEASURES		DWELLINGS	UNIT OF MEASURE	RATE	REPORT PERIOD EXPENDITURE
40.	Compact Fluorescent Lamps, Hard-Wired (Limit One, Max. \$129.00 Per Dwelling)		L	+M	
41.	Compact Fluorescent Lamps, Thread-Based (Limit Five Per Dwelling)			X 16.00	
42.	Electric Water Heater Repair/Replacement (Max. \$619.00)		L	+M	
43.	Fluorescent Torchier Lamp Replacement (Limit One Per Dwelling)			X 65.00	
44.	Microwave Oven (Max. \$284.00)		L	+M	
45.	Refrigerator Replacement (Max. \$1,032.00)		L	+M	
46.	ELECTRIC BASE LOAD MEASURES SUBTOTAL				
OPTIONAL MEASURES					
47.	Air Conditioning Unit Repair (Max. \$1,183.00 Per Dwelling)		L	+M	
48.	Ceiling Fans (Max. \$176.00 Per Dwelling)		L	+M	
49.	EBL - Evap. Cooler Installation, New Roof Unit (Max. \$975.00)		L	+M	
50.	EBL - Evap. Cooler Installation, New Wall Unit (Max. \$850.00)		L	+M	
51.	EBL - Evap. Cooler Installation, New Window Unit (Max. \$780.00)		L	+M	
52.	EBL - Evap. Cooler Installation, Replace Roof Unit (Max. \$850.00)		L	+M	
53.	EBL - Evap. Cooler Installation, Replace Wall Unit (Max. \$655.00)		L	+M	
54.	EBL - Evap. Cooler Installation, Replace Window Unit (Max. \$655.00)		L	+M	
55.	EBL - Window/Wall A/C, Replace Multi-Story Wall Unit (Max. \$828.00)		L	+M	
56.	EBL - Window/Wall A/C, Replace Multi-Story Window Unit (Max. \$660.00)		L	+M	
57.	EBL - Window/Wall A/C, Replace Single-Story Wall Unit (Max. \$788.00)		L	+M	
58.	EBL - Window/Wall A/C, Replace Single-Story Window Unit (Max. \$620.00)		L	+M	
59.	Electric Water Heater Timer (Per Timer)			X 112.00	
60.	Evaporative Cooler Repair (Max. \$89.00 Per Cooler)		L	+M	
61.	Filter Repl. for A/C or Furnace Unit, Filters Only (Per Dwelling)			X 20.00	
62.	Filter Repl. for A/C or Furnace, Filters + Replacement Signal (Per Dwelling)			X 27.00	
63.	Floor Foundation Venting (Max. \$360.00)		L	+M	
64.	Floor Insulation, +36" Clearance (Per Sq. Foot)		SF	X 0.83	
65.	Floor Insulation, -36" Clearance (Per Sq. Foot)		SF	X 0.94	
66.	Programmable Thermostat (Per Dwelling)			X 157.00	
67.	Shadescreens (Per Sq. Foot)		SF	X 3.30	
68.	Shutters (Per Sq. Foot)		SF	X 6.00	
69.	Storm Window, Fixed (Per Sq. Foot)		SF	X 3.10	
70.	Storm Window, Operable - Glass (Per Sq. Foot)		SF	X 8.25	
71.	Storm Window, Operable - Polycarbonate (Per Sq. Foot)		SF	X 6.20	
72.	Storm Window, Operable - Vinyl (Per Sq. Foot)		SF	X 6.00	
73.	Tinted Film (Per Sq. Foot)		SF	X 3.30	
74.	Wall Insulation (Per Sq. Foot)		SF	X 1.05	
75.	Mileage		Miles	X 0.66	
76.	OPTIONAL MEASURES SUBTOTAL				
77.	MEASURE CREDIT VALUE (LINES 9,16, 25, 33, 39, 46 + 76)				
78.	INTAKE COSTS				
79.	OUTREACH COSTS				
80.	TRAINING COSTS				
81.	GRAND TOTAL (LINES 77 - 80)				
82.	INSTALLED MATERIALS COSTS				

**2004 LIHEAP BIMONTHLY WEATHERIZATION  
EXPENDITURE/ACTIVITY REPORT  
CSD 680 (Rev. 10/03) – INSTRUCTIONS**

**Heading**

Enter the name of your agency, contract number, report period, and check "Adjustment", if applicable.  
Enter the name of the person preparing the report, direct telephone number, fax number, and e-mail address.

Line Items:

**When labor, materials, square footage, and linear footage measures are being charged, you must enter the amount in the corresponding rows/columns to obtain credit for the measure/costs. Do not leave the unit of measure and/or the rate columns blank if the measure was installed.**

**Assessments**

- 1.-7. Enter the number of dwellings in the applicable measure/activity. Multiply the number of dwellings times the rate and enter the sum in the "Report Period Expenditure" column.
8. Enter the number of dwellings that received a post inspection during this period. Reimbursement is based on the actual cost of the inspection activity at the \$45.00 per hour labor rate, up to a maximum of \$90.00 per dwelling. Multiply the number of labor hours times the rate and enter the sum in the "Report Period Expenditure" column.

*Note Contractor shall perform Post-Weatherization Inspections on twenty-five percent (25%) of the total weatherized dwellings under this service agreement. Post-inspections shall be performed proportional to the number of completed units in a reporting period and shall continue throughout the contract term.*

**Health and Safety Measures**

- 10.-15. Measures are required when safety hazards exist due to combustion appliances being used in the home. Enter the number of dwellings that received these measures. Calculate the cost by adding labor + materials. Enter the sum in the "Report Period Expenditure" column.

*Note: When a Vented Heat Source Replacement is performed, in addition to all assessments and other installed weatherization measures, the total maximum investment per dwelling can be increased to \$3,740.00. Carbon Monoxide Alarm is not a carbon monoxide-producing device. It is required when the home operates carbon monoxide producing appliances. If client refuses the installation of a carbon monoxide detector, document the refusal in the client's intake application and have the client initial/sign.*

**Insulation Measures**

- 17.-24. Ceiling and Kneewall Insulation: Enter the number of homes that received ceiling and kneewall insulation materials under the applicable R-value. Calculate the cost by multiplying the square footage times the rate. Enter the sum in the "Report Period Expenditure" column.

**Infiltration Reduction and General Heat Waste Measures**

- 26.-38. Enter the number of dwellings and the unit of measure as applicable. Calculate the cost by adding labor + materials or multiplying the unit of measure times the rate (where applicable). Enter the sum in the "Report Period Expenditure" column.

**Report Adjustment**

Enter the report period to be adjusted and check (✓) the box in the Report Adjustment block. Enter the amounts to be adjusted only. Use plus (+) or minus (-) to the left of the amount being adjusted. **Do not include data already reported to CSD.**

**2004 LIHEAP BIMONTHLY WEATHERIZATION  
EXPENDITURE/ACTIVITY REPORT  
CSD 680 (Rev. 10/03) – INSTRUCTIONS**

**Heading**

Enter the name of your agency, contract number, report period, and check "Adjustment", if applicable. Enter the name of the person preparing the report, direct telephone number, fax number, and e-mail address.

Line Items:

**When labor, materials, square footage, and linear footage measures are being charged, you must enter the amount in the corresponding rows/columns to obtain credit for the measure/costs. Do not leave the unit of measure and/or the rate columns blank if the measure was installed.**

**Electric Base Load Measures**

40.-45. Enter the number of dwellings and the unit of measure as applicable. Calculate the cost by adding labor + materials or multiplying the unit of measure times the rate (where applicable). Enter the sum in the "Report Period Expenditure" column.

**Optional Measures**

47. -74. Enter the number of dwellings and the unit of measure as applicable. Calculate the cost by adding labor + materials or multiplying the unit of measure times the rate (where applicable). Enter the sum in the "Report Period Expenditure" column.

75. Mileage: Enter the mileage claimed for the period and multiply times the rate. Enter calculated sum under the "Report Period Expenditure" column. If more than one dwelling is weatherized per trip, the mileage credit applies only to the dwelling farthest from the contractor's material storage site or headquarters.

**Totals**

- 77. Calculate and enter the total of measures reported from pages 3 and 4.
- 78. Enter the **Total Intake Costs** for the reporting period from 2.a on CSD 680, page 1.
- 79. Enter the **Total Outreach Costs** for the reporting period from 4.a on CSD 680, page 1.
- 80. Enter the **Total Training Costs** for the reporting period from 4.b on CSD 680, page 1.
- 82. Enter the costs of materials installed.

**Report Adjustment**

Enter the report period to be adjusted and check (✓) the box in the Report Adjustment block. Enter the amounts to be adjusted only. Use plus (+) or minus (-) to the left of the amount being adjusted. **Do not include data already reported to CSD.**



**DOE MONTHLY EXPENDITURE REPORT**

CSD 571 (Rev. 01/04)

Contractor Name:	Contract Number:	Reporting Period:	Adjustment <input type="checkbox"/>
Prepared By:	E-mail:	Telephone Number:	Fax Number:

**SECTION A - ADMINISTRATIVE COSTS**

1.	Administrative Costs	\$
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**SECTION B - PROGRAM OPERATIONS**

2.	Client Education	\$
3.	Intake	
4.	Measures (Do not include Health and Safety Measures)	
5.	Outreach	
6.	<b>Subtotal Section B</b>	\$

**SECTION C - OTHER PROGRAM COSTS**

7.	Financial Audit	\$
8.	Health and Safety	
9.	Leveraging	
10.	Liability Insurance	
11.	Training and Technical Assistance	
12.	Vehicle and Equipment - Acquisition Costs	
13.	<b>Subtotal Section C</b>	\$

**SECTION D - TOTAL EXPENDITURES (Sections A, B & C)**

		\$
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**SECTION E - ADVANCE**

14.	Advance Request	\$
15.	Advance Repayment this period	\$
16.	Balance	\$

**SECTION F - VEHICLE & EQUIPMENT**

17.	Vehicle and Equipment - amortized cost	\$
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**Contractor's Certification**

The authorized signature below certifies that this report is a true and accurate presentation of actual activities made during the reporting period and that these activities were made in accordance with the purpose and conditions of the contract referenced above.

Authorized Person (Print Name/Title):	Signature:	Date:
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**CSD ACCOUNTING USE ONLY**

Payment:	PCA #:
Approved By:	Date:

Contractor Name:		Contract Number:		Reporting Period:		Adjustment: <input type="checkbox"/>	
Prepared By:		E-mail:		Telephone Number:		Fax Number:	

<b>SECTION A - WEATHERIZED UNITS</b>				<b>SECTION E - DEMOGRAPHICS - UNITS BY OCCUPANCY (Do not include reweatherized units)*</b>			
1.	<b>TOTAL WEATHERIZED UNITS (Do not include reweatherized units)</b>	#		20.	Total Elderly (60 Years or older) - Occupied	#	
<b>SECTION B - WEATHERIZED UNITS BY TYPE</b>				21.	Total Disabled - Occupied		
2.	Owner-Occupied Single Family Site-Built	#		22.	Total Native American Indians - Occupied		
3.	Single-Family Rental Site-Built			23.	Total Children (0 to 18 years) - Occupied		
4.	Multi-Family (over four units)			24.	Total High Residential Energy User		
5.	Owner-Occupied Mobile Home			25.	Total Household with a High Energy Burden		
6.	Renter-Occupied Mobile Home			<b>SECTION F - OTHER UNIT TYPES</b>			
7.	Shelter			26.	<b>TOTAL REWEATHERIZED UNITS</b>	#	
8.	<b>TOTAL WEATHERIZED UNITS BY TYPE (Must equal Section A: Do not include reweatherized units)</b>	#		<b>SECTION G - NUMBER OF PEOPLE ASSISTED (Do not include people in reweatherized units)</b>			
<b>SECTION C - UNITS BY PRIMARY HEATING FUEL</b>				27.	<b>TOTAL NUMBER OF PEOPLE ASSISTED (Count each person only once)</b>	#	
9.	Natural Gas	#		<b>SECTION H - DEMOGRAPHICS - TYPES OF PEOPLE ASSISTED (Do not include people in reweatherized units)*</b>			
10.	Fuel Oil			28.	Total Elderly (60 Years or older)	#	
11.	Electricity			29.	Total Persons with Disabilities		
12.	Propane/LPG			30.	Total Native American Indians		
13.	Kerosene			31.	Total Children (0 to 18 years)		
14.	Wood			32.	Total Seasonal Farm Workers		
15.	Other			33.	Total Migrant Farm Workers		
16.	<b>TOTAL WEATHERIZED UNITS BY PRIMARY HEATING FUEL (Must equal Section A: Do not include reweatherized units)</b>	#		34.	Total Limited English-Speaking Persons		
<b>SECTION D - PROGRAM LEVERAGING (Do not include reweatherized units)</b>				<b>SECTION I - LEAD-SAFE WEATHERIZATION UNITS (Do not include reweatherized units)</b>			
17.	DOE Only Units	#		35.	Units Built Before 1979 (Include HUD Units)	#	
18.	Combination Units (Receiving Leveraging Through Other CSD Weatherization Programs)			<b>SECTION J - HOUSING AND URBAN DEVELOPMENT (HUD) UNITS (Do not include reweatherized units)</b>			
19.	<b>TOTAL PROGRAM LEVERAGING UNITS (Must equal Section A: Do not include reweatherized units)</b>	#		36.	HUD Units Weatherized	#	
				37.	HUD Units Built Before 1979		
				38.	HUD Units Requiring Certified Lead-Safe Inspections After Weatherization		

\* DEMOGRAPHICS: Unit(s), and/or people assisted, may be more than one type.

# DOE MONTHLY WEATHERIZATION ACTIVITY REPORT

CSD 571B (Rev. 01/04)

Contractor Name:	Contract Number:	Reporting Period:	Adjustment: <input type="checkbox"/>
Prepared By:	E-mail:	Telephone Number:	Fax Number:

## WEATHERIZATION ACTIVITIES

ASSESSMENTS		DWELLINGS	ELECTRIC BASE LOAD MEASURES		DWELLINGS
1.	Blower Door Test	#	37.	Compact Fluorescent Lamps, Hard-Wired	#
2.	Combustion Appliance Safety Pre-Test		38.	Compact Fluorescent Lamps, Thread-Based	
3.	Combustion Appliance Safety Post-Test		39.	Electric Water Heater Repair/Replacement	
4.	Duct Leakage Pre-Test		40.	Refrigerator Replacement (Greater Than 10 Years Old)	
5.	Duct Leakage Post-Test		<b>ALLOWABLE MEASURES AS PER ENERGY AUDIT (Must have a savings-to-investment ratio of 1 or more) In addition to above mentioned measures for all or other climate zones:</b>		
6.	Non-Blower Door Assessment (With Attic)				
7.	Non-Blower Door Assessment (Without Attic)				
8.	NEAT Energy Audit				
HEALTH + SAFETY MEASURES			41.	Air Conditioning Unit Repair	#
9.	Gas Range Repair or Replacement	#	42.	Attic Ventilation (in conjunction with ceiling insulation only) (All Zones Except 4 & 5)	
10.	Gas Water Heater, Repair or Replacement		43.	Ceiling Insulation (All Zones Except 4 & 5)	
11.	Heating Source Repair		44.	Duct insulation	
12.	Vented Heating Source Replacement		45.	EBL - Evaporative Cooler Installation - New (All Zones Except 5)	
13.	Wood -Fueled Space Heater		46.	EBL - Evaporative Cooler Installation - Replacement (All Zones Except 5)	
14.	Carbon Monoxide Alarm		47.	EBL - Window/Wall Air Conditioner - Replace Multi-Story	
15.	Other (please specify):		48.	EBL - Window/Wall Air Conditioner - Replace Single Story	
INFILTRATION REDUCTION			49.	Evaporative Cooler Repair (All Zones Except 5)	
16.	Caulking	#	50.	Filter/Signal Replacement, Filters and Signal	
17.	Duct + Register Repair/Replacement		51.	Filter/Signal Replacement, Filters Only	
18.	Glass Replacement		52.	Floor Foundation Venting	
19.	Minor Envelope Repairs		53.	Floor Insulation (All Zones Except Zone 4)	
20.	Switch + Outlet Gaskets		54.	Kneewall Insulation (All Zones Except 4 + 5)	
21.	Weatherstripping, Entrance Door		55.	Programmatic Thermostats (All Zones Except Zones 4 + 5)	
22.	Weatherstripping, Other		56.	Refrigerator Replacement (Less Than 10 Years Old)	
23.	Other (please specify):		57.	Shade Screens	
GENERAL HEAT AND WASTE MEASURES			58.	Shutters	
24.	Evaporative Cooler/Air Conditioner Vent Cover	#	59.	Storm Windows (All Zones Except Zone 5 only)	
25.	Hot Water Flow Restrictors, Hot Water Faucet Restrictor		60.	Tinted Window Film	
26.	Hot Water Flow Restrictors, Low Flow Showerhead		61.	Wall Insulation	
27.	Water Heater Blanket		62.	Water Heater Timer	
28.	Water Heater Pipe Wrap		63.	Other (please specify):	
PRIORITY LIST MEASURES			64.		
29.	Attic Ventilation (in conjunction with ceiling insulation only) (Zones 4 + 5)	#			
30.	Ceiling Insulation (Zones 4 + 5)				
31.	EBL - Evaporative Cooler Installation - New (Zone 5 only)				
32.	EBL - Evaporative Cooler Installation - Replacement (Zone 5 only)				
33.	Floor Insulation (Zone 4 only)				
34.	Kneewall Insulation (Zones 4 + 5)				
35.	Programmable Thermostat (Zones 4 + 5)				
36.	Storm Windows (Zone 5 only)				

2004 DOE ANNUAL LEVERAGING REPORT

Contractor Name:						Contract Number:			Report Period:				
Prepared By:				E-mail:			Telephone Number:			Fax Number:			
SECTION A - NAME OF ORGANIZATION(s) PROVIDING THE RESOURCES:													
1) NAME OF THE ORGANIZATION:						ADDRESS:							
Contact Person:				E-mail:			Telephone Number:			Fax Number:			
2) NAME OF THE ORGANIZATION:						ADDRESS:							
Contact Person:				E-mail:			Telephone Number:			Fax Number:			
3) NAME OF THE ORGANIZATION:						ADDRESS:							
Contact Person:				E-mail:			Telephone Number:			Fax Number:			
SECTION B - DESCRIPTION OF THE PROJECT (For each organization listed above):*													
1)	2)	3)	TYPE OF PROJECT:		# of Units	Resource (\$)	1)	2)	3)	TYPE OF PROJECT:		# of Units	Resource (\$)
			A)	Enhanced Weatherization						H)	Low Interest Loan Program		
			B)	Full-Scale Weatherization						I)	Refrigerator Replacement		
			C)	Energy Audit Programs						J)	Water Heater Replacement		
			D)	Emergency Heating						K)	Lighting Replacement		
			E)	HERS Program						L)	Other Appliance Management		
			F)	Furnace Replacement						M)	Other (Specify)		
			G)	Health and Safety						N)	Other (Specify)		
SECTION C - DESCRIPTION OF THE PROJECTS(s):*													
SECTION D - STATUS AND IMPACT OF THE PROJECT(s):*													
SECTION E - ADDITIONAL COMMENTS:*													

\* Use more than one form if necessary.

## 2004 DOE ANNUAL TRAINING AND TECHNICAL ASSISTANCE REPORT

Contractor Name:		Contract Number:	Report Period:
Prepared By:	E-mail:	Telephone Number:	Fax Number:

**SECTION A - ACTIVITY TITLE:**

### SECTION B - ACTIVITY TYPE:

1.	TECHNICAL	<input type="checkbox"/>	2.	PROGRAMMATIC	<input type="checkbox"/>	3.	CLIENT EDUCATION	<input type="checkbox"/>
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**SECTION C - ACTIVITY FOCUS (Check all activities that apply to the Activity Title identified above):**

1.a	Air Sealing	<input type="checkbox"/>	2.a	H&S: Health and Safety	<input type="checkbox"/>	3.a	Heating and Cooling System	<input type="checkbox"/>
1.b	Appliances	<input type="checkbox"/>	2.b	H&S: CO Test	<input type="checkbox"/>	3.b	Intake Client Education	<input type="checkbox"/>
1.c	Blower Door	<input type="checkbox"/>	2.c	H&S: Radon	<input type="checkbox"/>	3.c	Installation Methods	<input type="checkbox"/>
1.d	Dense Pack Insulation	<input type="checkbox"/>	2.d	H&S: Moisture	<input type="checkbox"/>	3.d	Procurement Training	<input type="checkbox"/>
1.e	Diagnostics-Blower Door	<input type="checkbox"/>	2.e	H&S: Combustion	<input type="checkbox"/>	3.e	Solar Screen	<input type="checkbox"/>
1.f	Diagnostics-Infrared	<input type="checkbox"/>	2.f	H&S: Furnace Repair	<input type="checkbox"/>	3.f	Subcontractor Management	<input type="checkbox"/>
1.g	Diagnostics-Pressure	<input type="checkbox"/>	2.g	H&S: Furnace Replacement	<input type="checkbox"/>	3.g	Other (Specify)	<input type="checkbox"/>
1.h	Diagnostics-Dust Sealing	<input type="checkbox"/>	2.h	H&S: Furnace Tune-up	<input type="checkbox"/>	3.h	Other (Specify)	<input type="checkbox"/>
1.i	Financial Management	<input type="checkbox"/>	2.i	Other (Specify)	<input type="checkbox"/>	3.i	Other (Specify)	<input type="checkbox"/>

**SECTION D - DELIVERY METHOD(s) (Check all that apply):**

A	Computerized Training	<input type="checkbox"/>	E	Field	<input type="checkbox"/>	I	Workshop	<input type="checkbox"/>
B	Conferences	<input type="checkbox"/>	F	Media/Video	<input type="checkbox"/>	J	Other (Specify)	<input type="checkbox"/>
C	Demonstration	<input type="checkbox"/>	G	Peer-to-Peer	<input type="checkbox"/>	K	Other (Specify)	<input type="checkbox"/>
D	In-House	<input type="checkbox"/>	H	Training Center	<input type="checkbox"/>	L	Other (specify)	<input type="checkbox"/>

**SECTION E - TRAINING AND TECHNICAL ASSISTANCE PROVIDER:**

COMPANY NAME:		COMPANY ADDRESS:	
Contact Person:	E-mail:	Telephone Number:	Fax Number:

**SECTION F - TARGET AUDIENCE(s) (Check all that apply):**

a.	Auditors	<input type="checkbox"/>	e.	Energy Auditors	<input type="checkbox"/>	i.	Program Director	<input type="checkbox"/>
b.	Clients	<input type="checkbox"/>	f.	Final Inspectors	<input type="checkbox"/>	j.	Public	<input type="checkbox"/>
c.	Contractors	<input type="checkbox"/>	g.	Financial Personnel	<input type="checkbox"/>	k.	Utilities	<input type="checkbox"/>
d.	Crews	<input type="checkbox"/>	h.	Outreach Workers	<input type="checkbox"/>	l.	Other (Specify)	<input type="checkbox"/>

**SECTION G - COMMENTS:**[illegible]